

Harrison County Adult Detention Center

Inmate Grievance Form

To: Grievance Officer

From:

JAMES C. BROWN 294903 A.F.

Inmate Name

Docket #

Unit

Date:

7/10/07

RECEIVED
BY DATE

This is a grievance concerning:

IN-Humane Treatment

On Tues after breakfast, during the morning of July 10, 07. I went to medical, to have my two Teeth pulled. Well when I returned back to the block and I suddenly started to feel severe pain. I Looked in the mirror, and I couldn't believe what I was seeing. there was half A tooth still in my head, I had Lt. Leonard Look into my mouth along with Mrs ROE. They too where astund, Lt Leonard assured me he would seek me some professional help. I never seen him anymore. I begged: ~~for help~~ SGT. REEDMAN for Aid and he simply brushed me off. The Lady in the tower Name is UNKNOWN answering to the ~~badge~~ badge #565 I begged her for Aid + Assitance and I sware to God, she Laugh at me I was hurting so bad I Couldn't even get mad GOD I'm Hurting This type of treatment is totally unexceptable. Please Look ~~at~~ **RECEIVED** matter

JUL 11 2007

James C. Brown

Inmate Signature

Harrison County Adult Detention Center

Inmate Grievance Form

(IGF-2)

First Step Response Form

Grievance Number 03 - 073 - 07

Type or use ball-point pen. You must return your response to the Grievance Officer within 10 days of the date the request was initiated.

To: James C. Brown 294903
Inmate Name and Docket Number

A/E
Housing Unit

From: Par Olsen
Person to whom 1st Step is Directed

adm/medical
Title/Location

A Chart review reveals the x-ray of your
Rt. Clavicle was negative for any fracture or
dislocation. I will put you on the next
available md call to discuss your pain.

3-29-07

Date

Par Olsen

Signature

If you are not satisfied with this response, you may go to Step 2 by filling out the second step section of Form IGF-1 and sending copies of Step 1 and Step 2 to the Warden. It must be received in the Warden's office within 5 days of the date of this response.

Instructions to respondent: Send original IGF-1 with IGF-2 to the Grievance Officer. **Note:** A copy of all documents referenced in the response must be attached and returned to the Grievance Officer.

Instruction to Inmate: This original is for you to keep.

Inmate's Original

*Joe - have him call
put in sick call*

Inmate Grievance Form

Harrison County Adult Detention Center

(IGF-3)

Second Step Response Form

Grievance Number 06 - 028 - 07

Type or use ball-point pen. You must return your response to the Grievance Officer within 10 days of the date the request was initiated.

To: James Brown 294903
Inmate Name and Docket Number

AE
Housing Unit

From: Warden Cabana
Warden

HCADC/HCWC
Location-Circle One

*You have been seen and treated
for your medical complaint. However, I
will have you placed on sick call
once again.*

- ① on the 7/2/07 I WAS refused
- ② On the 7/3/07 I WAS refused again.
- ③ On the 7/4/07 I requesting Again.

07-02-07

Date

Warden Cabana

Warden's Signature

This is the final step in the Inmate Grievance process.

Instructions to Warden: Send original and Step 2 copy to the Grievance Officer.

Instruction to Inmate: This original is for you to keep.

Inmate's Original

RECEIVED
JUL 02 2007

APPROVED JUN 21 2007

Inmate Grievance Form

Harrison County Adult Detention Center

(IGF-1)

Inmate Relief Request Form

Grievance Number 06 - 028 - 07

Type or use ball-point pen.

To: MRS. PAT OLSEN
First Step RespondentHCADC / HCWC
Location - Circle OneFrom: JAMES BROWN 294903
Inmate's Name and Docket NumberAE
Housing Unit6-18-07
Date of Incident☐ **Accepted** This request comes to you from the Grievance Officer. See the attached request from the inmate. Please return your response to this office within 10 days of this date.☒ **Rejected** Your request has been rejected for the following reason(s):See MRS. OLSEN'S STATEMENT6-21-07
DateDeborah Whittle
Grievance Officer

Second Step

On 6-22-07 (date), I received a written response to my First Step request. I am not satisfied with this response because:I am not satisfied in the way I have been treated & sent I have been hurt because of yalls mistake for not fixing a leaking roof that pours water when it rains. This is about my collar bone.

Therefore, I am commencing the Second Step by sending this form and the First Step response (IGF-2), to the Warden. This request must reach the Warden's office within 5 days of my receiving the First Step response.

6/25/07
DateJames C. Brown
SignatureRECEIVED
JUN 25 2007